

01-09-06

PTO/SB/21 (08-03)

Please type a plus sign (+) inside this box → ☐

Approved for use through 08/30/03. OMB 0651-0031

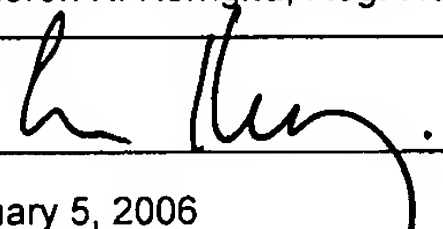
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

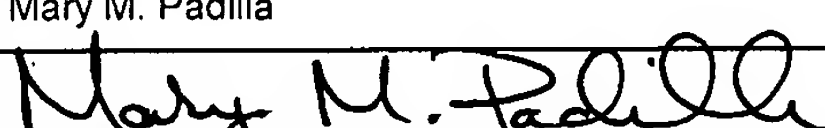
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

RCE

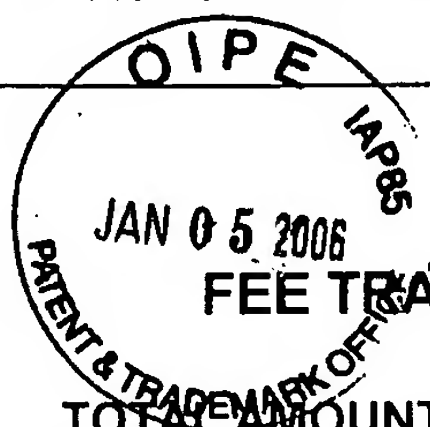
<b>TRANSMITTAL FORM</b> JAN 05 2006 be used for all correspondence after initial filing PATENT & TRADEMARK	Application Number	10/040,538	
	Filing Date	December 28, 2001	
	First Named Inventor	Stephen D. Pacetti	
	Group Art Unit	1762	
	Examiner Name	Jennifer Kolb Michener	
Total Number of Pages in This Submission	29	Attorney Docket Number	50623.149

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Postage Paid Return Postcard	<input type="checkbox"/> Drawing(s) In/Formal ___ Sheets with Submission of Drawings Transmittal	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Response To Office Action (23 pages)	<input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate)	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Amendment Transmittal Letter	<input checked="" type="checkbox"/> Request for Continued Examination Transmittal (RCE) (1 page) (in duplicate)	<input type="checkbox"/> Statement of Common Ownership (1 page)
<input type="checkbox"/> Statement of Common Ownership	<input checked="" type="checkbox"/> Fee Transmittal (1 page) (in duplicate)	<input type="checkbox"/> Request for Status of Application
<input checked="" type="checkbox"/> Petition for Extension of Time (3 months) (1 page) (in duplicate)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other:
<input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449 citing ___ References	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Express Mail Label No. EV 721156855 US	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Cameron K. Kerrigna, Reg. No. 44,826
Signature	
Date	January 5, 2006

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in a box addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Mary M. Padilla		
Signature		Date	January 5, 2006

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



## TOTAL AMOUNT OF PAYMENT

Subtotal (1) + Subtotal (2) + Subtotal (3) =

\$1910.00

## Complete if Known

Application Number	10/040,538
Filing Date	December 28, 2001
First Named Inventor	Stephen D. Pacetti
Group Art Unit	1762
Examiner Name	Jennifer Kolb Michener
Attorney Docket Number	50623.149

## METHOD OF PAYMENT

## 1. The Commissioner is hereby authorized to:

- ☒ Charge the indicated fees to the below mentioned deposit account.
- ☒ Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account.<sup>†</sup>
- ☐ Applicant claims small entity status. See 37 CFR 1.27.

Deposit Account Number: 07-1850

Deposit Account Name: Squire, Sanders &amp; Dempsey

A Duplicate Copy of this authorization is attached

2. ☐ Payment Enclosed:  
[ ] Check [ ] Other

## FEE CALCULATION (fees effective 10/1/01)

## 1. FILING FEE

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
1011/\$300	2011/\$150	Utility Filing	<input type="text"/>
1017/\$200	2017/\$100	Design Filing	<input type="text"/>
1014/\$300	2014/\$150	Reissue	<input type="text"/>
1005/\$200	2005/\$100	Provisional Filing	<input type="text"/>
SUBTOTAL (1)			(\$ 0)

## 2. CLAIMS

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description
1202/\$50	2202/\$25	Claims in excess of 20
1201/\$200	2201/\$100	Independent claims in excess of 3
1203/\$360	2203/\$180	Multiple dependent claim

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
1051/\$130	2051/\$65	Surcharge - late filing fee or oath	<input type="text"/>
1052/\$50	2052/\$25	Surcharge-late provisional filing fee or cover sheet	<input type="text"/>
147/\$2,520	147/\$2,520	For filing a request for reexamination	<input type="text"/>
1251/\$120	2251/\$60	Extension for response within first month <sup>†</sup>	<input type="text"/>
116/\$450	2252/\$225	Extension for response within second month <sup>†</sup>	<input type="text"/>
1253/\$1,020	2253/\$510	Extension for response within third month <sup>†</sup>	1020
1254/\$1,590	2254/\$795	Extension for response within fourth month <sup>†</sup>	<input type="text"/>
1255/\$2,160	2255/\$1,080	Extension for response within fifth month <sup>†</sup>	<input type="text"/>
1401/\$500	2401/\$250	Notice of Appeal	<input type="text"/>
1453/\$1,500	2453/\$750	Petition to revive unintentionally abandoned Application	<input type="text"/>
1501/\$1,400	2501/\$700	Utility Issue Fee (Or Reissue)	<input type="text"/>
1502/\$800	2502/\$400	Design Issue Fee	<input type="text"/>
122/\$130	122/\$130	Petitions to the Commissioner	<input type="text"/>
123/\$50	123/\$50	Petitions related to provisional applications	<input type="text"/>
1806/\$180	1806/\$180	Information Disclosure Statement	<input type="text"/>
581/\$40	581/\$40	Recording each patent assignment per property (times number of properties)	<input type="text"/>
1809/\$790	2809/\$395	Filing a submission after final rejection (37 CFR 1.129(a))	<input type="text"/>
1801/\$790	2801/\$395	Request for Continued Examination (RCE)	790
Other fee (specify):			<input type="text"/>
Other fee (specify):			<input type="text"/>
SUBTOTAL (3)			(\$1810)

110/\$18      210/\$9      Reissue claims in excess of 20 and over original Patent

(Col. 1)		(Col. 2)		(Col. 3)		Fee Due	
For	No. of Existing Claims	Highest No. Previously Paid For		Extra**	Fee		
TOTAL	65	20 or 63	=	2	\$50	x	\$100
INDEP	4	3 or 4	=	0	\$200	x	\$0
[ ] First presentation of multiple dependent claim							0

\* Subtract the greater number of Col. 2

\*\* If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3

SUBTOTAL (2) (\$100)

## SUBMITTED BY

Typed or Printed Name

Cameron K. Kerrigan

## Complete (if applicable)

Reg. Number

44,826

Signature

Date

January 5, 2006



<b>AMENDMENT TRANSMITTAL LETTER</b> (Large Entity)			Docket No. <b>50623.149</b>
Applicant(s): Stephen D. Pacetti, et al.			
Serial No. <b>10/040,538</b>	Filing Date <b>December 28, 2001</b>	Examiner <b>Jennifer Kolb Michener</b>	Group Art Unit <b>1762</b>

Invention:  
A System and Method for Coating Implantable Devices

**TO THE COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.  
The fee has been calculated and is transmitted as show below.

CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	65	63	2	X \$50.00	\$100.00
INDEP. CLAIMS	4	4	0	X \$200.00	\$ 00.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$00.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$100.00

☐ No additional fee is required for amendment.

☒ Please charge Deposit Account No. **07-1850** in the amount of **\$100.00**  
A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.

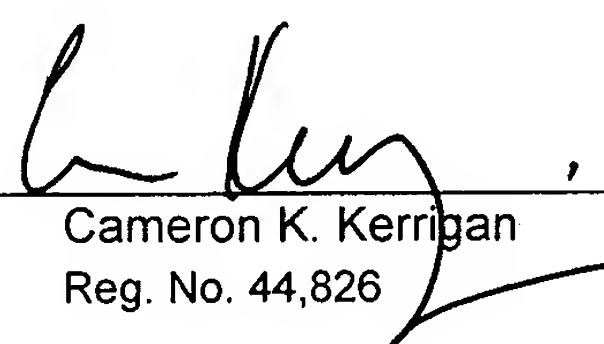
☒ The Commissioner is hereby authorized to charge payment of any necessary fees associated with this communication or credit any overpayment to Deposit Account No. **07-1850**  
A duplicate copy of this sheet is enclosed.

☐ Any additional filing fees required under 37 C.F.R. 1.16.

☐ Any patent application processing fees under 37 C.F.R. 1.17.

Dated: January 5, 2006  
Squire, Sanders & Dempsey L.L.P.  
1 Maritime Plaza, Suite 300  
San Francisco, CA 94111  
(415) 954-0200

cc: Docket:

  
Cameron K. Kerrigan  
Reg. No. 44,826